MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.

FILING DATE

APPLICANT(S)

10/563966

CLAIMS

	AS FILED		AFTER 1ˢᵗ AMENDMENT		AFTER 2ⁿᵈ AMENDMENT				AS FILED		AFTER 1ˢᵗ AMENDMENT		AFTER 2ⁿᵈ AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.			IND.	DEP.	IND.	DEP.	IND.	DEP.
1								51		/				
2								52		/				
3	/							53						
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46	/							96						
47		/						97						
48		/						98						
49		/						99						
50		/						100						
TOTAL IND.		↓		↓		↓		TOTAL IND.	3	↓		↓		↓
TOTAL DEP.		←		←		←		TOTAL DEP.	25	←		←		←
TOTAL CLAIMS								TOTAL CLAIMS	28					

PTO-1360 (REV. 11/80)

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